

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10238</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>George F. Capria Jr.</u> P.O. Box, Bldg., Room No., if any Street <u>1608 Park Street</u> City <u>Syracuse</u> State <u>New York</u> ZIP Code + 4 <u>13208</u>	4. Name, file number, and address of labor organization. Name <u>BLASTERS, DRILLERS, & MINERS Union Local #29</u> Labor Organization File Number <u>004406</u> P.O. Box, Building and Room Number, if any Street <u>43-12 SITMARS BLVD.</u> City <u>ASTORIA</u> State <u>New York</u> ZIP Code + 4 <u>11105</u>
5. Position in labor organization. <u>President/ Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

George F. Capria Jr.

On

8/12/05

Date

347-993-1675

Telephone Number

Name of Person Filing	File Number U-
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☒ Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Blasters, Drillmen, & Miners Union Local #29</u></p> <p>Trade Name, if any: <u>Local 29</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>43-12 DITMARS BLVD</u></p> <p>City <u>ASTORIA</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11105</u></p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 20px;">c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Blasters, Drillmen, & Miners Union Pension, Welfare, Annuity FUND</u></p> <p>Trade Name, if any: <u>Local #29</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>43-12 DITMARS BLVD</u></p> <p>City <u>ASTORIA</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11105</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Trustee Meetings (2)</u></p> <p><u>- Remittance & Reimbursement expenses for Int'l Foundation for employee benefits conference</u></p> <p><u>Monthly trustee meeting lunches.</u></p> <p><u>- G.C.A. Christmas Dinner/Waldorf Astoria #5000</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$6000</u></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Blasters, Drill runners & Miners Union Local 29

**43-12 Ditmars Blvd.
Astoria, NY 11105
Phone -(718) 278-5800
Fax- (718) 278-8111**

ADDENDUM (F)

It is not conceivable that I received the benefits of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.